

## **Application Data Sheet**

### **Application Information**

|                                  |  |
|----------------------------------|--|
| Application Type::               | Regular                                    |
| Subject Matter::                 | Utility                                    |
| Suggested Group Art Unit::       | 3739                                       |
| CD-ROM or CD-R?::                | None                                       |
| Sequence submission?::           | None                                       |
| Computer Readable Form (CRF)?::  | No   |
| Title::                          | BALLOON ALIGNMENT AND<br>COLLAPSING SYSTEM |
| Attorney Docket Number::         | TRANS 3.0-053 CIP                          |
| Request for Early Publication?:: | No   |
| Request for Non-Publication?::   | No   |
| Suggested Drawing Figure::       | Fig. 1                                     |
| Total Drawing Sheets::           | 6  |
| Small Entity?::                  | Yes  |
| Petition included?::             | No   |
| Secrecy Order in Parent Appl.?:: | No   |

### **Applicant Information**

|  |               |
|--|---------------|
| Applicant Authority Type::             | Inventor      |
| Primary Citizenship Country::          | US            |
| Status::                               | Full Capacity |
| Given Name::                           | Patrick       |
| Middle Name::                          | David         |
| Family Name::                          | Lopath        |
| City of Residence::                    | Rocky Point   |
| Country of Residence::                 | NY            |
| Street of mailing address::            | 64 Park Drive |
| City of mailing address::              | Rocky Point   |
| State or Province of mailing address:: | NY            |

Postal or Zip Code of mailing address:: 11778

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Edward  
Middle Name:: Paul  
Family Name:: Harhen  
City of Residence:: Duxbury  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 67 Meeting House Road  
City of mailing address:: Duxbury  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02332

**Correspondence Information**

Correspondence Customer Number:: 000530

**Representative Information**

Representative Customer Number:: 000530

**Domestic Priority Information**

| Application::    | Continuity Type::          | Parent Application:: | Parent Filing Date:: |
|------------------|----------------------------|----------------------|----------------------|
| This Application | Continuation-in-part<br>of | 10/244,271           | 09/16/02             |

**Assignee Information**

Assignee name:: Transurgical, Inc.  
Street of mailing address:: 220 Belle Meade Road  
Suite 2  
City of mailing address:: Setauket

State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 11733